

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

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| LOCAL REPORT NO. | | <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 | | Lebanon Police | | 0 8 3 0 3 0 0 | | ODHS USE ONLY - DO NOT MARK ABOVE | | | | | | | | | | | | | | | | | | | | | | | |
| REPORT TAKEN | <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE | NO OF VEH PEDESTRIANS INVOLVED | | 2 | | CRASH SEVERITY (CHECK MOST SEVERE) | | <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY | | COMBINED VEH/PROP LOSS | | <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150 | | HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED | | | | | | | | | | | | | | | | | |
| IN COUNTY OF WARREN | | | | IN <input checked="" type="checkbox"/> CITY | | | | LEBANON | | | | DATE OF CRASH: DAY | | 61 3 14 TUE | | TIME: MILITARY | | | | | | | | | | | | | | | |
| CRASH OCCURRED ON | | | | 401 Justice | | | | WITHIN THE INTERSECTION OF | | | | | | | | | | | | | | | | | | | | | | | |
| IF NOT IN INTERSECTION | | | | N | | | | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | | | | CITY CODE | | | | | | | | | | | | | | | | | | | |
| MILES | | | | FEET | | | | W S E OF | | | | | | | | | | | | | | | | | | | | | | | |
| LOC 1 | | | | LOC 2 | | | | LOC JUR FH9 FILT | | | | | | | | | | | | | | | | | | | | | | | |
| A | | UNIT NO. | | 1 | | NO OF OCCUPANTS | | 1 | | OPERATING | | PARKED | | DRIVERLESS | | HIT & RUN NON CONTACT | | INSURANCE CO OR AGENT | | Cincinnati Ins | | | | | | | | | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | | | | Dunkin, Joy | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | 3993 Eaglestone Dr. Dayton OH | | | | | | | | | | | | | | | | | | | |
| PHONE NO. | | | | 937-830-4884 | | | | BIRTH DATE | | | | 2 7 6054 F | | | | SEX | | | | STATE | | OH | | DRIVER'S LICENSE NO. | | RM 327327 | | OCCUPATION | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | Dunkin Jr., Franklin | | | | ADDRESS | | | | 7510 Country Brook Ct. Springboro | | | | PHONE | | | | | | | | | | | | | | | |
| VEH YR | | 06 | | MAKE | | Cadi | | MODEL | | SW | | COLOR | | Black | | STYLE | | SW | | STATE | | OH | | LICENSE PLATE NO. | | EST 5416 | | TOWING SERVICE | | VEH/PED DIR | |
| CIRCLE DAMAGE AREAS | | 1 2 3 4 5 6 7 8 | | 9 TOP | | 10 UNDER CAR | | 11 LOAD | | 12 TRAILER | | DAMAGE SEVERITY | | <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE | | <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION | | <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE | | <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | |
| 8 | | UNIT NO. | | 2 | | NO OF OCCUPANTS | | 0 | | OPERATING | | PARKED | | DRIVERLESS | | HIT & RUN NON CONTACT | | INSURANCE CO. OR AGENT | | Erie Ins. | | | | | | | | | | | |
| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | | | | | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE NO. | | | | | | | | BIRTHDATE | | | | | | | | AGE | | | | SEX | | SOCIAL SECURITY NO. | | STATE | | DRIVER'S LICENSE NO. | | OCCUPATION | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | Rowe, Dwight | | | | ADDRESS | | | | 440 E. Silver St. Lebanon | | | | PHONE | | | | 513-932-2630 | | | | | | | | | | | |
| VEH YR | | 2011 | | MAKE | | Honda | | MODEL | | SW | | COLOR | | Silver | | STYLE | | SW | | STATE | | OH | | LICENSE PLATE NO. | | FJB 5446 | | TOWING SERVICE | | VEH/PED DIR | |
| CIRCLE DAMAGE AREAS | | 1 2 3 4 5 6 7 8 | | 9 TOP | | 10 UNDER CAR | | 11 LOAD | | 12 TRAILER | | DAMAGE SEVERITY | | <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE | | <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | | VEHICLE DISPOSITION | | <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | FIRE | | <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | | | | | |
| C | | FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | | | AGE | | | | POSITION | | INJURIES | | | | | | | | | | | | | |
| D | | FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | | | AGE | | | | POSITION | | INJURIES | | | | | | | | | | | | | |
| E | | FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | | | AGE | | | | POSITION | | INJURIES | | | | | | | | | | | | | |
| F | | FROM UNIT NO. | | NAME (LAST, FIRST, MI) | | | | BIRTHDATE | | | | AGE | | | | POSITION | | INJURIES | | | | | | | | | | | | | |
| A | | B | | C | | INJURED TAKEN TO | | | | By | | | | A | | B | | C | | D | | E | | F | | ALCOHOL | | | | | |
| D | | E | | F | | INJURED TAKEN TO | | | | By | | | | A | | B | | C | | D | | E | | F | | ALCOHOL | | | | | |
| A | | B | | C | | OFFENSE CHARGED AND DESCRIPTION | | | | OFFENSE CHARGED AND DESCRIPTION | | | | A | | B | | C | | D | | E | | F | | ALCOHOL | | | | | |
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| RECEIVED CALL | | 1117 | | DISPATCHED | | 1120 | | ARRIVED | | 1123 | | CLEARED | | 1135 | | OTHER TIME | | 10 | | TOTAL MINUTES | | 28 | | | | | | | | | |
| DATE REPORT FILED | | 6 3 14 | | PHOTOS | | YES NO | | OFFICER'S NAME | | MORRIS | | | | BADGE NO. | | 131 | | CHECKED BY | | | | | | | | | | | | | |
| A | | B | | C | | INJURED TAKEN TO | | | | By | | | | A | | B | | C | | D | | E | | F | | ALCOHOL | | | | | |
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